

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/575053

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/						51				
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12	/	/					62						
13	/	/					63						
14	/	/					64						
15	/	/					65						
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17	/	/					67						
18	/	/					68						
19	/	/					69						
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27	/	/					77						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						